

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John H. Allen*  
Town *Cambridge* County *Dorchester Co* MARYLAND

Died at *Cambridge* *Dorchester Co*

Date of death 1909 *Aug* *9* Age *73*

Sex *Male* Color or Race *Black* Birth-place *Buckworth*

Occupation *Farmer* Where Residing if not at place of death *Cambridge*

Married, Single or Widowed *Married* Name of Wife or Husband *John H. Allen*

Father's Name *Don't Know* Father's Birthplace *Don't Know*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Unknown*

Name of person giving Information *Sam Allen* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Senility* How long *2 months*

Immediate *Exhaustion* How long *some days*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *C. M. Huxley M.D.*

Address *County Health Office*

Accident or Suicide *L+H*

Convection Mass Bay  
Halle m + aspa

Name  
in  
Full

Katie Andrews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

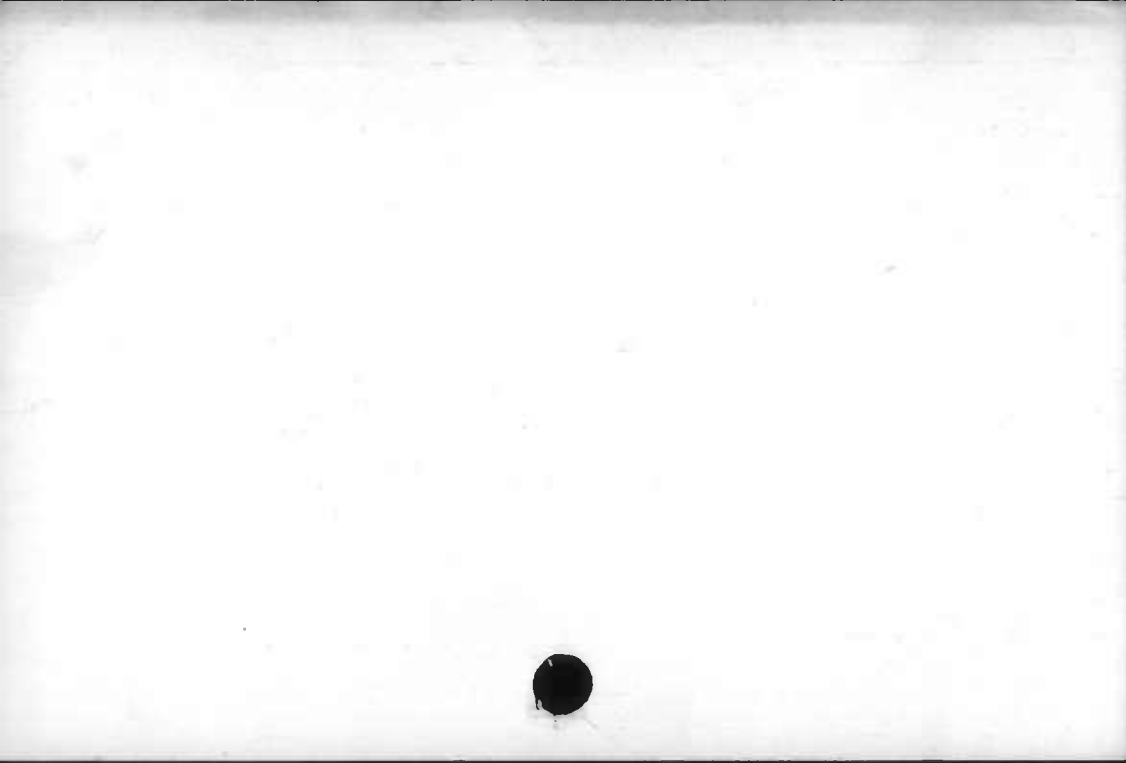
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1909	Month	Sept	Day	6
Age	31	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	Roland E. Andrews		
Father's Name	Henry McWilliams		Father's Birthplace	Maryland	
Mother's Maiden Name	Matilda J. Vickus		Mother's Birthplace	"	
Name of person giving Information	Roland E. Andrews		How related to deceased	Husband	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	Some Months
Immediate	uraemic Poisoning	How long	Some days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. M. G. L. L. L. L. L.
		Address	Cambridge Md
Accident or Suicide			



Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lump</i> <sup>Town</sup> <i>Wood</i> <sup>County</sup> <i>Dorchester</i>		MARYLAND				
Date of death <i>1909</i>	Month <i>9</i>	Day <i>20</i>	Age <i>2</i>	Years <i>2</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>				
Occupation <i>None</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>James Anthony</i>	Father's Birthplace <i>Ms</i>					
Mother's Maiden Name <i>Sadie Fields</i>	Mother's Birthplace <i>Ta.</i>					
Name of person giving information <i>S. J. Fields</i>	How related to deceased <i>Grand Father</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Steele</i>
	Address <i>Cambria, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

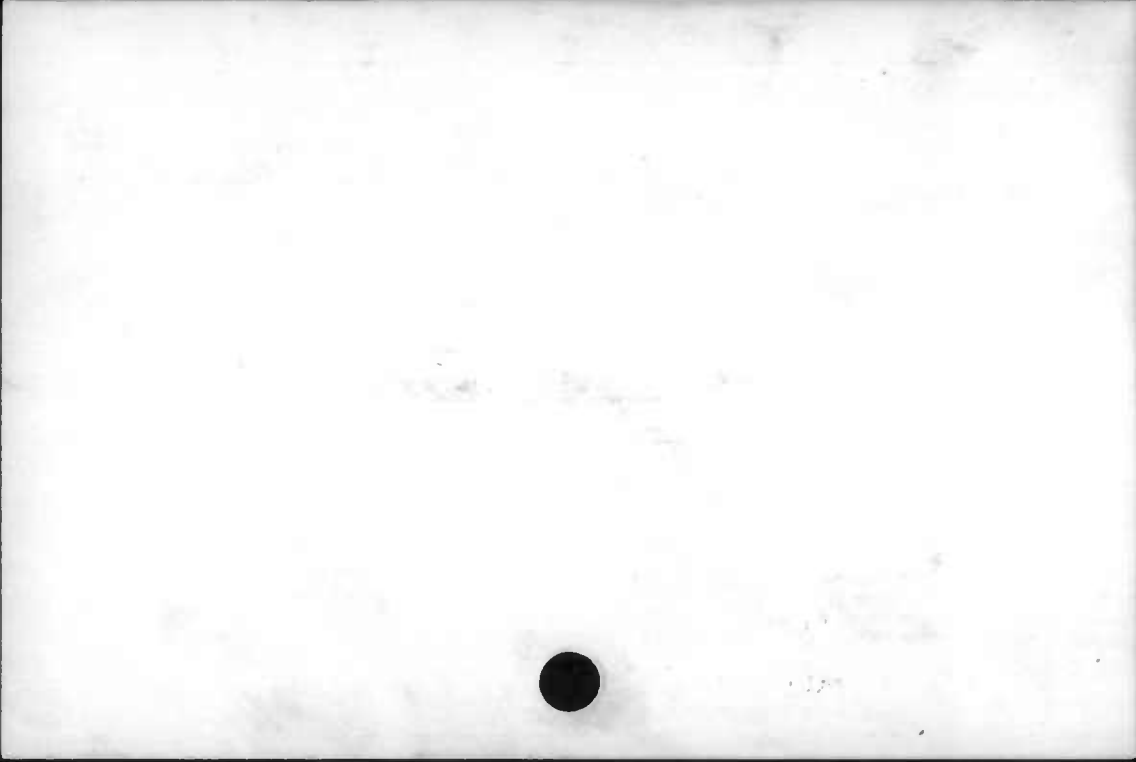
John Richard Bowley		Dorchester		MARYLAND	
near Cambridge		County			
Died at		Town		County	
Date of death		Month	Day	Years	Months
1909		Sept	24	3	2
Age		22		Days	
Sex		Male		Color or Race	
		Male		White	
Occupation		u u u		Where Residing if not at place of death	
		u u u		u u u	
Married, Single or Widowed		u u u		Name of Wife or Husband	
		u u u		u u u	
Father's Name		Irwin Bowley		Father's Birthplace	
		u u u		Dorchester Co	
Mother's Maiden Name		Susan Garnish		Mother's Birthplace	
		u u u		Dorchester Co	
Name of person giving Information		Irwin Bowley		How related to deceased	
		u u u		Father	

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	Intestinal Tuberculosis	How long	6 mos
Immediate	Athemia	How long	several weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dexter P. Reynolds M.D.	
Address		Cambridge, Md.	
Accident or Suicide		No	





Name  
in  
Full

CERTIFICATE OF DEATH

*fredred l Brennell*

Town

County

MARYLAND

Died at

*Cambridge*

*Northester*

Date

of death

1909

Month

Day

Years

Months

Days

*Sept 11*

Age

*4*

*4*

Sex

*male*

Color or

*blue*

*colored*

Birth-

place

*Cambridge*

Occupation

*— — —*

Where Residing if not  
at place of death

*Cambridge*

Married, Single  
or Widowed

*—*

Name of Wife or  
Husband

*—*

Father's  
Name

*Isaac Warr*

Father's  
Birthplace

*Spice marsh*

Mother's  
Name

*Margie Brennell*

Mother's  
Birthplace

*Chubb creek*

Name of person giving  
Information

*Margie Brennell*

How related  
to deceased

*mother*

CAUSES OF DEATH

*179*

Primary

*Malnutrition*

How long

*2 months*

Immediate

*Exhaustion*

How long

*Gradual*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*Chas M. Hanley M.D.*

Address

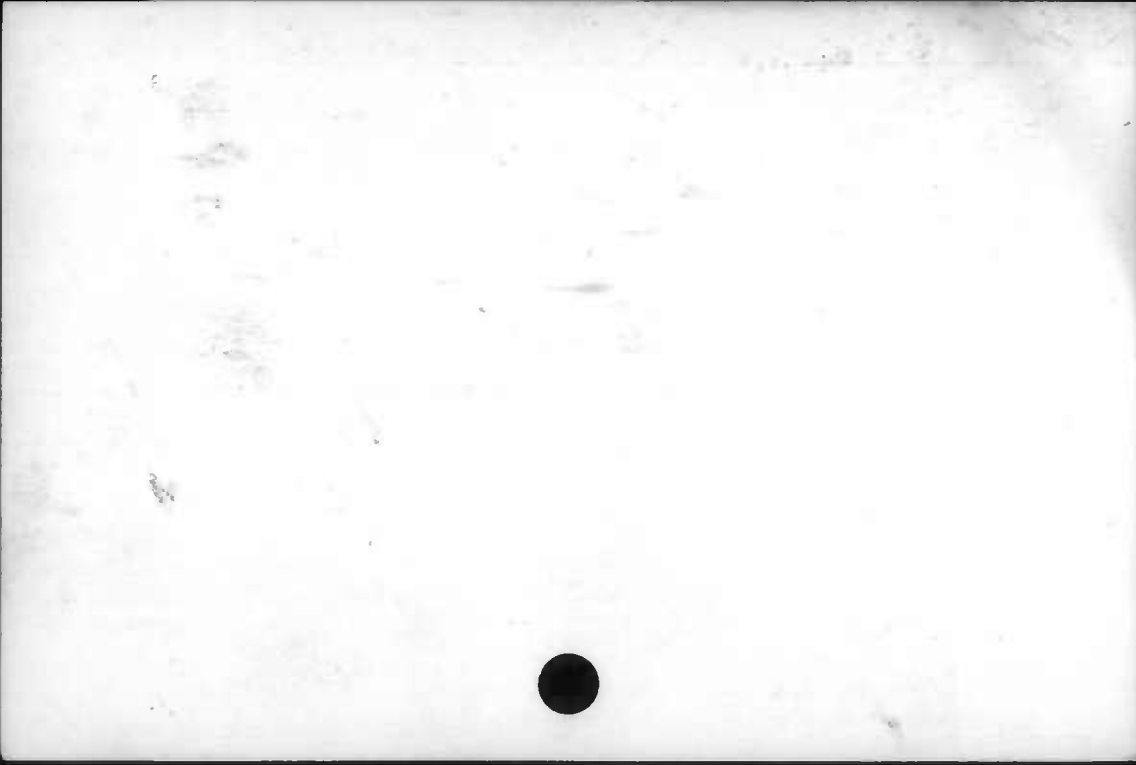
*County Health Officer*

*Dr M.D. called.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Walter J. Bryan

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cambridge <sup>County</sup> over MARYLANDDate of death 1909 <sup>Month</sup> Sept <sup>Day</sup> 18 <sup>Years</sup> Age 23 <sup>Months</sup> <sup>Days</sup>Sex male <sup>Color or Race</sup> negro <sup>Birth-place</sup> MdOccupation Laborer <sup>Where Residing if not at place of death</sup> CambridgeMarried, Single or Widowed Married <sup>Name of Wife or Husband</sup> Sarah BryanFather's Name Josiah Bryan <sup>Father's Birthplace</sup> MdMother's Maiden Name Elouara Hoane <sup>Mother's Birthplace</sup> MdName of person giving Information Bryan <sup>How related to deceased</sup> Bro.

## CAUSES OF DEATH

Primary Typhoid Fever. <sup>How long</sup> Suppose 2 weeks as he was only in Hospital 24 hrs. <sup>How long</sup> 12 hours.

Immediate Intestinal Hemorrhage

Are the name, age, sex, color, date and place correctly given above? yes

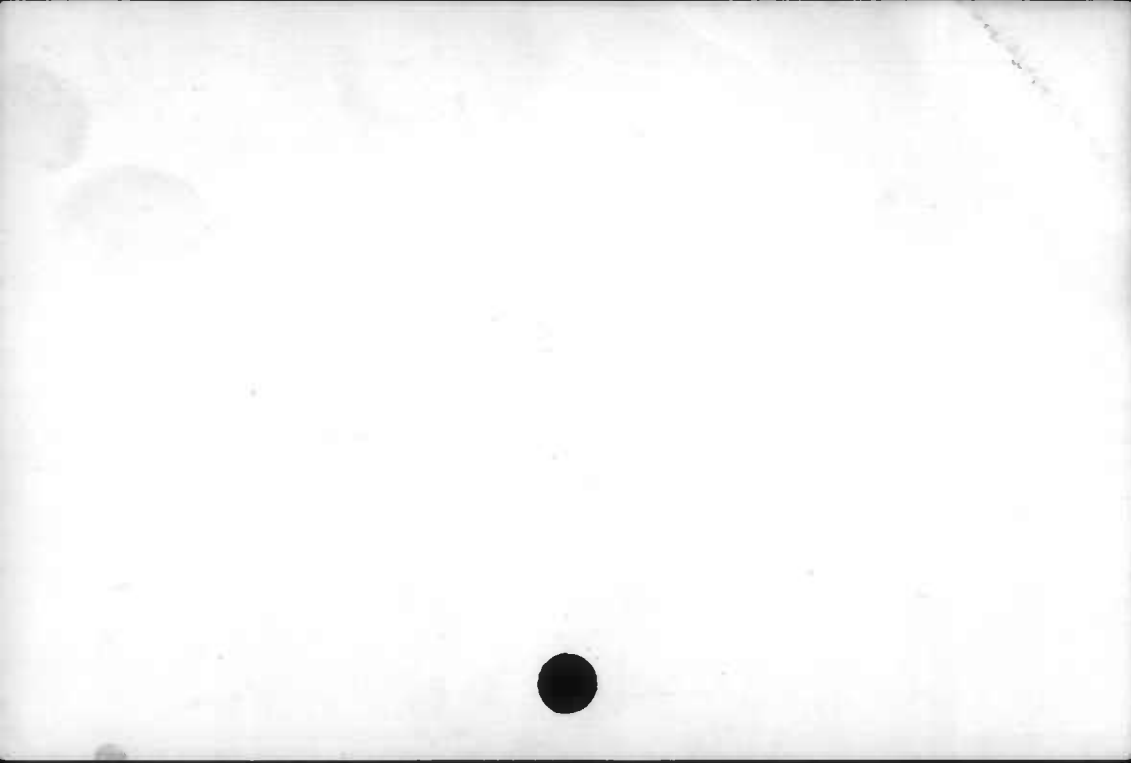
Signature of Physician

Address

E. E. Wolff  
Cambridge, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Henni Cephuss

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

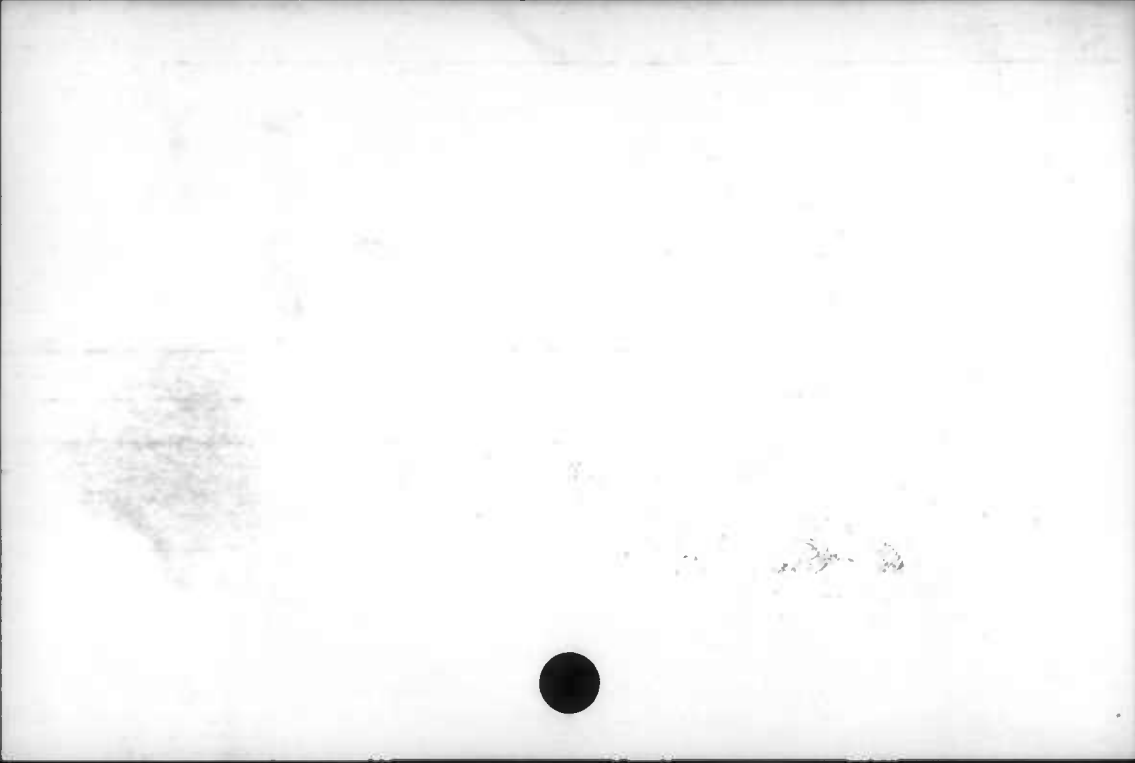
Died at		Town Cambridge		County Rochester		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	14	29			
Sex	Female	Color or Race	Black	Birthplace	Bucktown		
Occupation	House wife			Where Residing if not at place of death	Bucktown		
Married, Single or Widowed	Widowed			Name of Wife or Husband	Lynn Cephuss		
Father's Name	Abram Stennelly			Father's Birthplace	Bucktown		
Mother's Maiden Name	Lizzie Hallis			Mother's Birthplace	Bucktown		
Name of person giving Information	James Pender			How related to deceased			

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary	Appendicitis		How long	6 days
Immediate	Exhaustion following Post-Operative Hemorrhage		How long	Some days
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	E. E. Wolff
	L & H		Address	Cambridge, Md
Accident or Suicide				



Name in Full		Town				County		CERTIFICATE OF DEATH			
Robert Connaway		Hurlock				Don		MARYLAND			
Died at		Date of death 1909		Month	Day	Age	Years	Months	Days		
		Sept		28		72					
Sex		Color or Race		Birth-place							
male		White		Federalburg							
Married, Single or Widowed		Occupation									
Name of Wife or Husband		Elizabeth Connaway			Carpenter						
Father's Name		John W. Connaway			Father's Birthplace			Federalburg			
Mother's Maiden Name		Anne Maria Connaway			Mother's Birthplace			Harrison			
Name of person giving information		George Connaway			How related to deceased			Bro			
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH				120					
Primary		Bright's disease				How long one year					
Immediate		the same				How long					
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician					
9						Address					
						Hurlock					
Accident or Suicide?											





Name  
in  
Full

Harry D. Cook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1909 Sept 30 Age 3 Months 12 Days

Sex Male Color or Race White Birth-place Maryland

Occupation \_\_\_\_\_ Where Residing if not at place of death Cambridge Md.

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Harry M. Cook Father's Birthplace Maryland

Mother's Maiden Name Pearl Parker Mother's Birthplace "

Name of person giving Information Harry M. Cook How related to deceased Father

## CAUSES OF DEATH

179

Primary Mulctation Quin breath

Immediate Exhaustion General

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

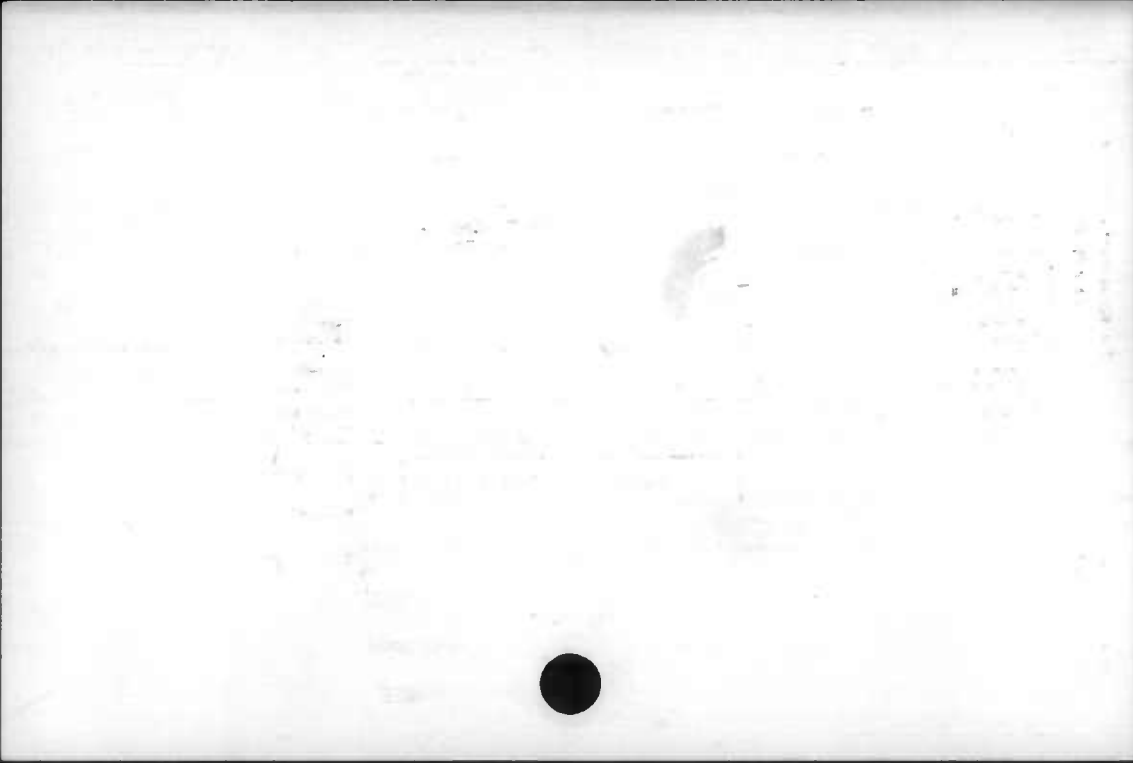
No physician

Accident or Suicide

Chas M. Handy M.D.

Health officer

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lizzie Cornish

CERTIFICATE OF DEATH

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Sept	Day	25
Age		25		Years	3
Sex	Female	Color or Race	colored	Birth-place	Cambridge
Occupation	Baby	Where Residing if not at place of death		Cambridge	
Married, Single or Widowed	single	Name of Wife or Husband		—	
Father's Name	Harry Wilson		Father's Birthplace	Cambridge	
Mother's Maiden Name	Linda Cornish		Mother's Birthplace	Cambridge	
Name of person giving Information	Linda Cornish		How related to deceased	Mother	

CAUSES OF DEATH

Primary	Enteritis	How long	don't know
Immediate	Exp. to unknown	How long	few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician See to 247 Henry  
Address Health officer

No. M.H. Council

Accident or Suicide

105



Name  
in  
Full

CERTIFICATE OF DEATH

Charlotte Ann Elliott

Town

County

MARYLAND

Died at Elliotts

Date of death 1909 Sept-

Month

Day

Age 58

Years

Months

Days

Sex Female

Color Race White American

Birth-place Elliotts, Md

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Samuel D Elliott

Father's Name

M. G. Elliott.

Father's Birthplace

Elliotts Md

Mother's Maiden Name

H. J. Moore

Mother's Birthplace

Elliotts Md

Name of person giving Information

Samuel D Elliott

How related to deceased

Husband

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

3 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. L. Britten M.D.  
Elliotts, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Johnnie S Elliott  
Town

County

MARYLAND

Died at Elliott

Date

Month

Day

Years

Months

Days

of death 1909 Sept-

17

Age

20

Sex

Male

Color or  
Race

White American

Birth-  
place

Elliott

Occupation

System Farming

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Jesse Elliott

Father's  
Birthplace

Elliott Md

Mother's  
Maiden Name

Leta Shorter

Mother's  
Birthplace

Bricktown Md

Name of person giving  
Information

Edgar Jones

How related  
to deceased

None

CAUSES OF DEATH

Primary

Typhoid fever

How long

2 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

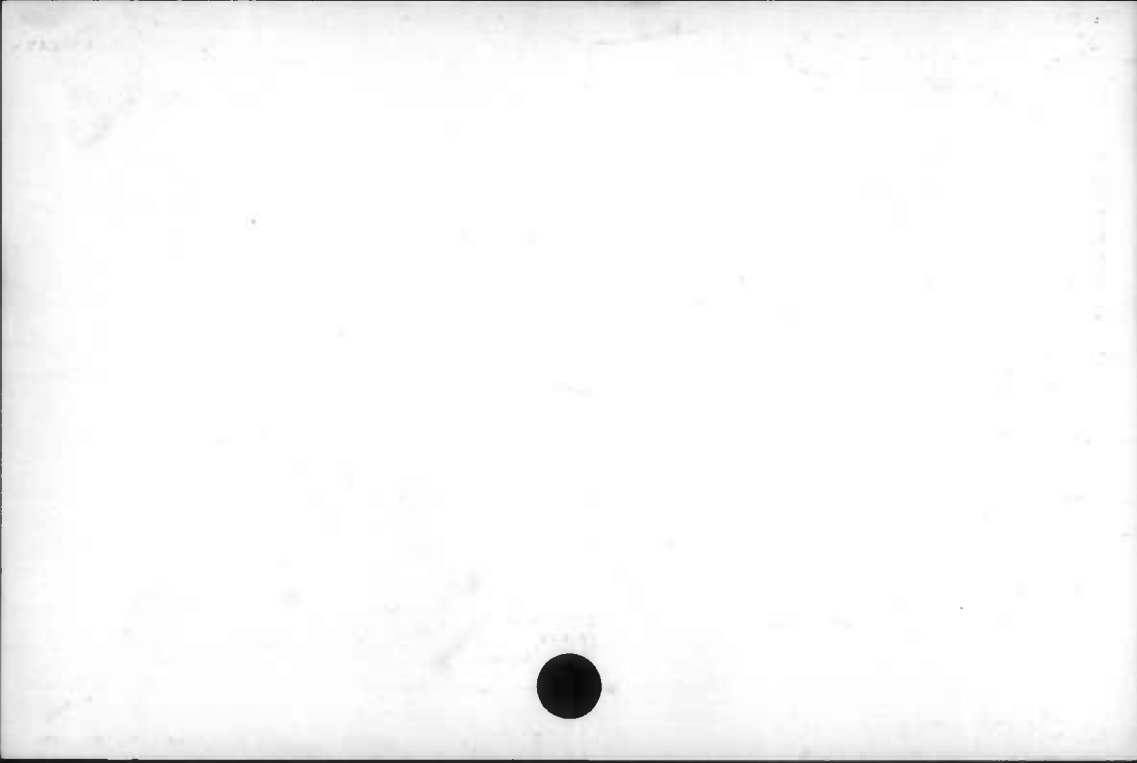
Signature of  
Physician

Address

R. H. Britten, M.D.  
Elliott Md

Accident or Suicide

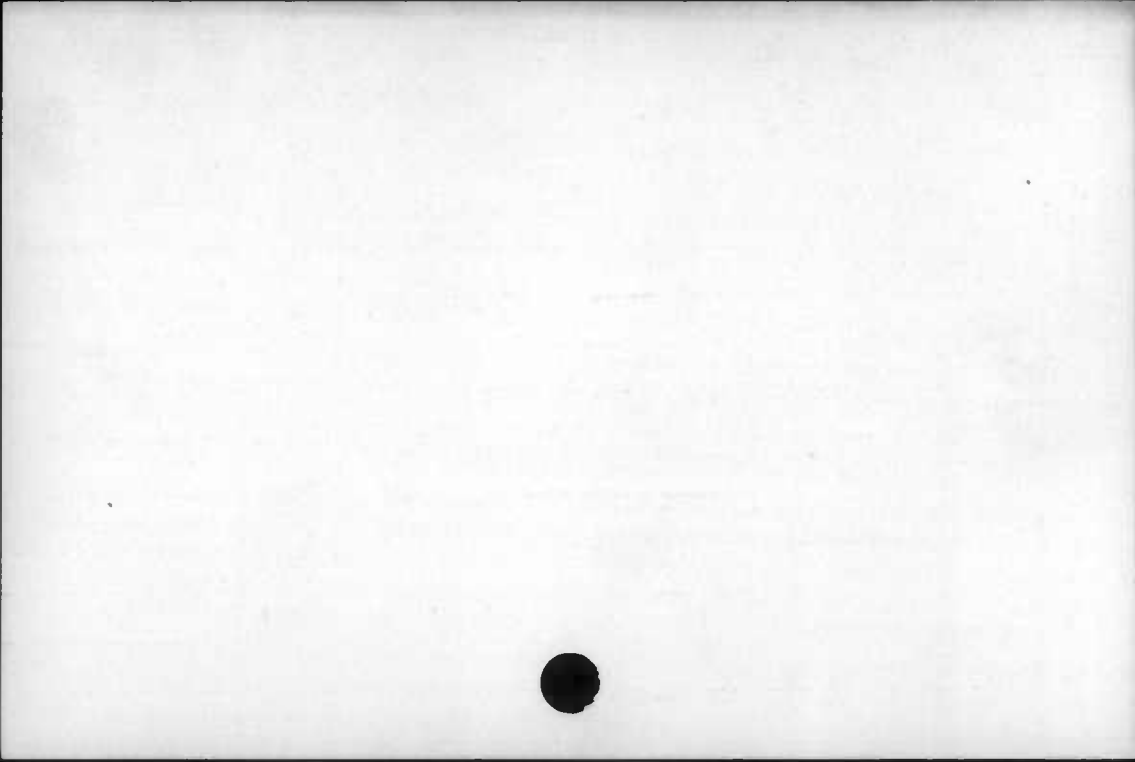
PHYSICIAN  
OR CORONER





Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Ellistown</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>	
		Date of death <u>1909 Sep 1</u> <small>Month</small>		<u>29th</u> <small>Day</small>	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Infant</u>		Where Residing if not at place of death	
		Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>	
		Father's Name <u>Howard Ewell</u>		Father's Birthplace <u>md</u>	
		Mother's Maiden Name <u>Agnes Garrett</u>		Mother's Birthplace <u>md</u>	
Name of person giving information <u>E P Jones</u>		How related to deceased <u>Friend</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Shock Colitis</u>		How long <u>2 weeks</u>	
		Immediate <u>Heart failure</u>		How long <u>unknown</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D-H Blount</u>	
		Address <u>Vienna md</u>			
		Accident or Suicide?			

105



Name  
in  
Full

## CERTIFICATE OF DEATH

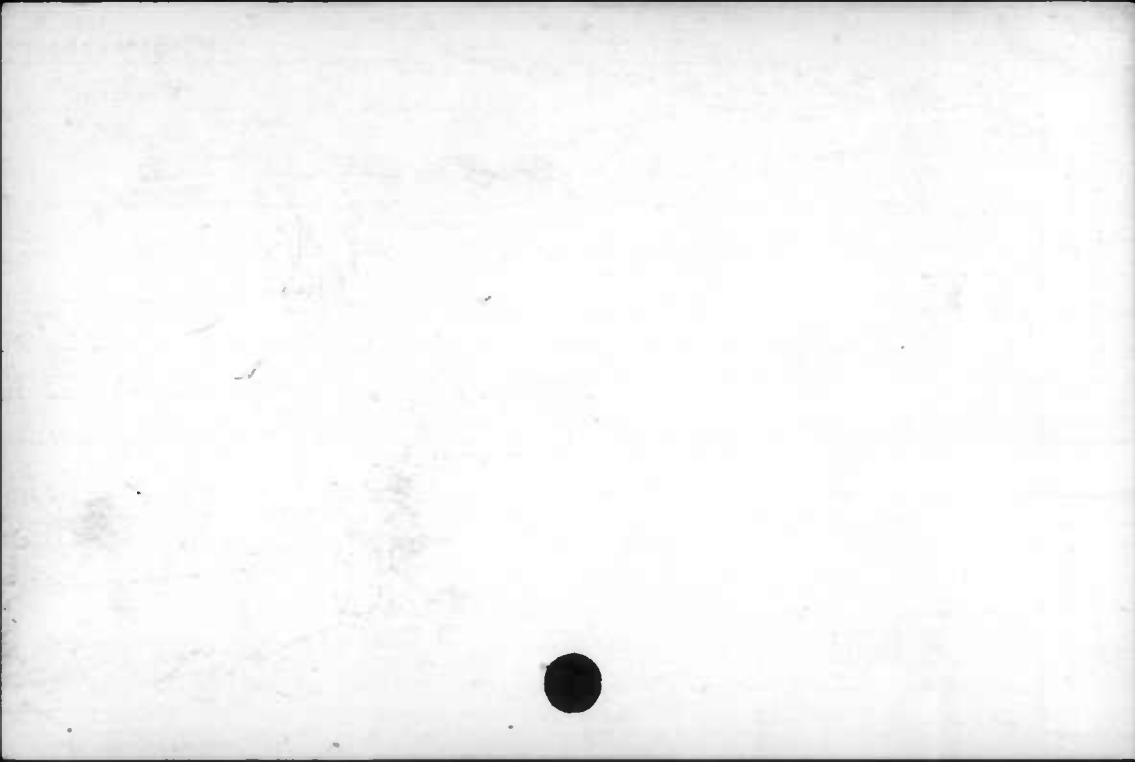
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Lineon Henry</i>		Town <i>Church Creek</i>		County <i>+</i>		MARYLAND	
Died at <i>Church Creek</i>		Month <i>Sept</i>		Day <i>11<sup>th</sup></i>		Year <i>1909</i>	
Date of death <i>1909</i>		Age <i>40</i>		Months <i>8</i>		Days <i>11</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Antioch</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Church Creek</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma C. Nichols</i>					
Father's Name <i>John J. Henry</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Rachel Montgomery</i>		Mother's Birthplace <i>Church Creek</i>					
Name of person giving Information <i>Sarah Cromwell</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Two weeks</i>
Immediate <i>Infection</i>	How long <i>16 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Carroll</i>
	Address <i>Centerville, Md</i>
Accident or Suicide	



Name in Full		Sarah Harveth .				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Reids <sup>Town</sup> Grove .		Dorchester <sup>County</sup>		MARYLAND						
	Date of death		1909	Month	Sep	Day	26 <sup>th</sup>	Age	Years	Months	Four	Days	—
	Sex		Female .		Color or Race		White		Birth-place		Md .		
	Occupation				Infant .				Where Residing if not at place of death				
	Married, Single or Widowed		Infant .		Name of Wife or Husband		—						
	Father's Name		Sylvester J Harveth .						Father's Birthplace		Md .		
	Mother's Maiden Name		Leinie English .						Mother's Birthplace		Md .		
Name of person giving information		Calvinus Reed .						How related to deceased		Niece			
CAUSES OF DEATH								105					
PHYSICIAN OR CORONER	Primary		Cholera Colitis —							How long		10 days .	
	Immediate		Heart failure						How long		Unknown		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				L H Blount				
					Address				Tieima Md				
Accident or Suicide?													



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

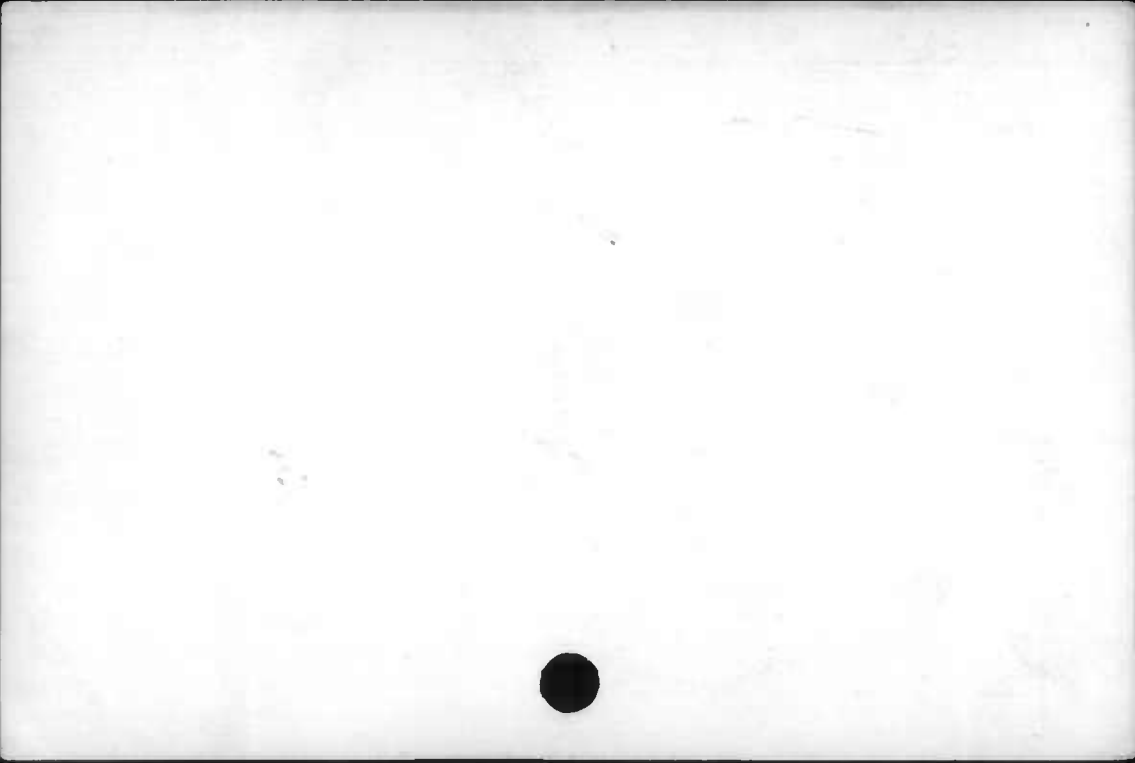
Name in Full <i>Leola L Hubbard</i>		Town <i>Leominster</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>Sept</i>		Day <i>23</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>23</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Leominster</i>		Age <i>12</i>	
Occupation <i>Baby</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Oless Hubbard</i>		Father's Birthplace <i>Leominster</i>					
Mother's Maiden Name <i>Anna A. Burton</i>		Mother's Birthplace <i>Massachusetts</i>					
Name of person giving Information <i>Oless Hubbard</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>		How long <i>1 mo.</i>	
Immediate <i>Enteric - Colitis</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>E.E. W. Jeff</i>	
Address <i>Leominster, Mass</i>		Accident or Suicide <i>L+H</i>	





Name  
in Full

Mary C. Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Cambridge

Town

County

Dorchester

MARYLAND

Date

of death

1909

Month

Sep.

Day

23

Years

Age

74

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Near Cambridge, Md.

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Daniel

Hubbard

Father's  
Name

Joseph Waddell

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth (Unknown)

Mother's  
Birthplace

"

Name of person giving  
information

Sarah M. Lewis

How related  
to deceased

Niece

## CAUSES OF DEATH

Primary

Chronic Nephritis

How long

Don't know

Immediate

Uræmia

How long

3 days

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

E. E. Wolff

Address

Cambridge, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

120



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Not Named  
Hurlach

Town

County

Dorchester

MARYLAND

Date

of death 190

9

Month

9

Day

29

Age

Years

Months

1

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Dor Co

Married, Single  
or Widowed

Occupation

Infant

Name of Wife or  
HusbandFather's  
Name

Frank H Hughes

Father's  
Birthplace

Dor Co

Mother's  
Maiden Name

Annie A Kennard

Mother's  
Birthplace

Dor Co

Name of person giving  
In formation

Frank H Hughes

How related  
to deceased

Father

## CAUSES OF DEATH

179

Primary

unknown

How long

always

Immediate

"

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

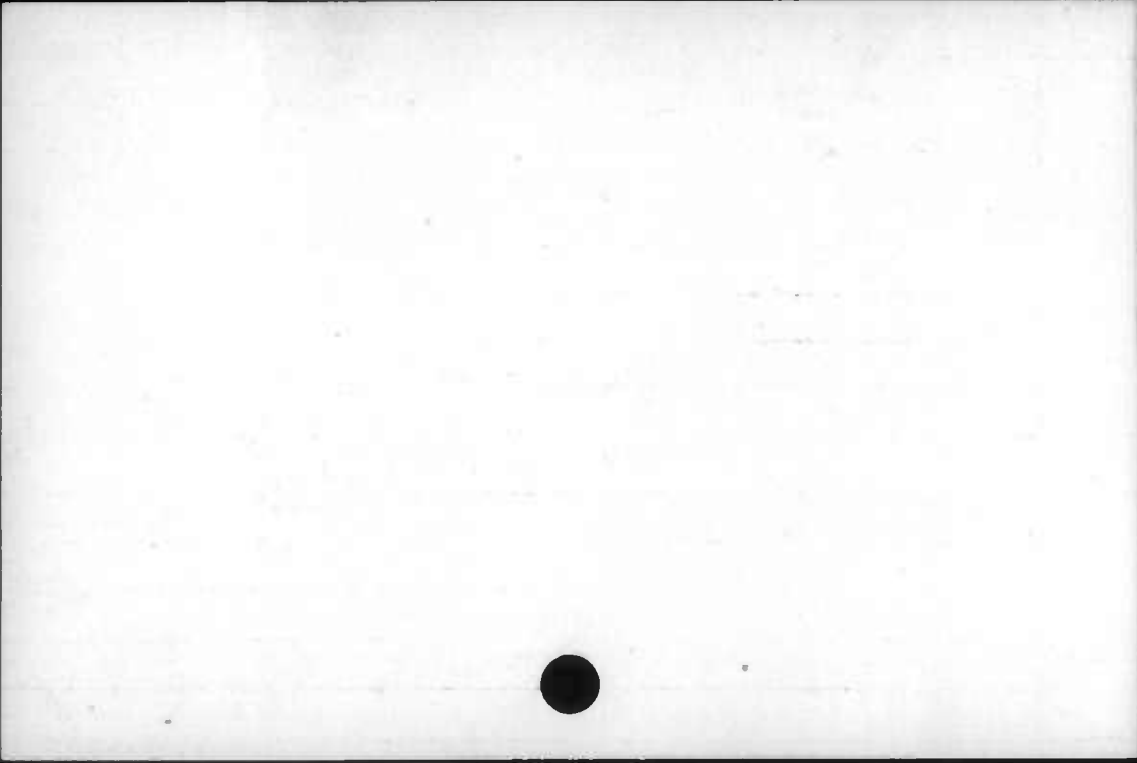
None Robert L Hastings

Address

Hurlach  
Local Registrar

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

James Wesley Jackson  
 Died at <sup>Town</sup> Vienna <sup>County</sup> Dorchester

MARYLAND

Date of death 1909 Sept 8 Age - Months 1 Days 26

Sex Male Color or Race Colored Birth-place Md.

Occupation Dryer. Where Residing if not at place of death

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Arthur D Jackson.

Father's Birthplace Md.

Mother's Maiden Name Fattie Thomas

Mother's Birthplace Md.

Name of person giving information Arthur D Jackson.

How related to deceased Father

## CAUSES OF DEATH

151

Primary Insanction

How long 2 weeks.

Immediate Exhaustion

How long Unknown

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

D. H. Blount.

Address

Vienna Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*baby without name*

*Johnson*

Died at *Bishop Head* *Town* *Dis no 10* *County* *Torchester*

MARYLAND

Date of death 1909 *September* *16* Age *2* Months *2* Days *2*

Sex *male* Color or Race *Colored* Birth-place *Bishop Head*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Ernest Johnson*

Father's Birthplace *Craigo*

Mother's Maiden Name *Arrian Foster*

Mother's Birthplace *Bishop Head*

Name of person giving Information *Ernest Johnson*

How related to deceased *father*

CAUSES OF DEATH

Primary *Don't know*

How long *2 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *no physician in attendance*  
Address *Wm H H Pritchett J.P*  
*Subregister Bishop Head m d*

Accident or Suicide





Name  
in  
Full

*Ann E. Lewis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dor</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup>	<i>Sept</i> <sup>Day</sup>	<i>14</i> <sup>Years</sup>	Age	<i>64</i> <sup>Months</sup>
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Delaware</i>
Occupation	<i>housewife</i>		Where Residing if not at place of death	<i>Talbot Co</i>	
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>unknown</i>	
Father's Name	<i>unknown</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Rev B. W Goldsborough</i>			How related to deceased	<i>none</i>

CAUSES OF DEATH

**40**

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>10 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	
Signature of Physician		<i>Rev B. W Goldsborough</i>	
Address		<i>Cambridge Md</i>	
Accident or Suicide			



Name  
in  
Full

*Matthews*  
no Name 313 Henry St-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

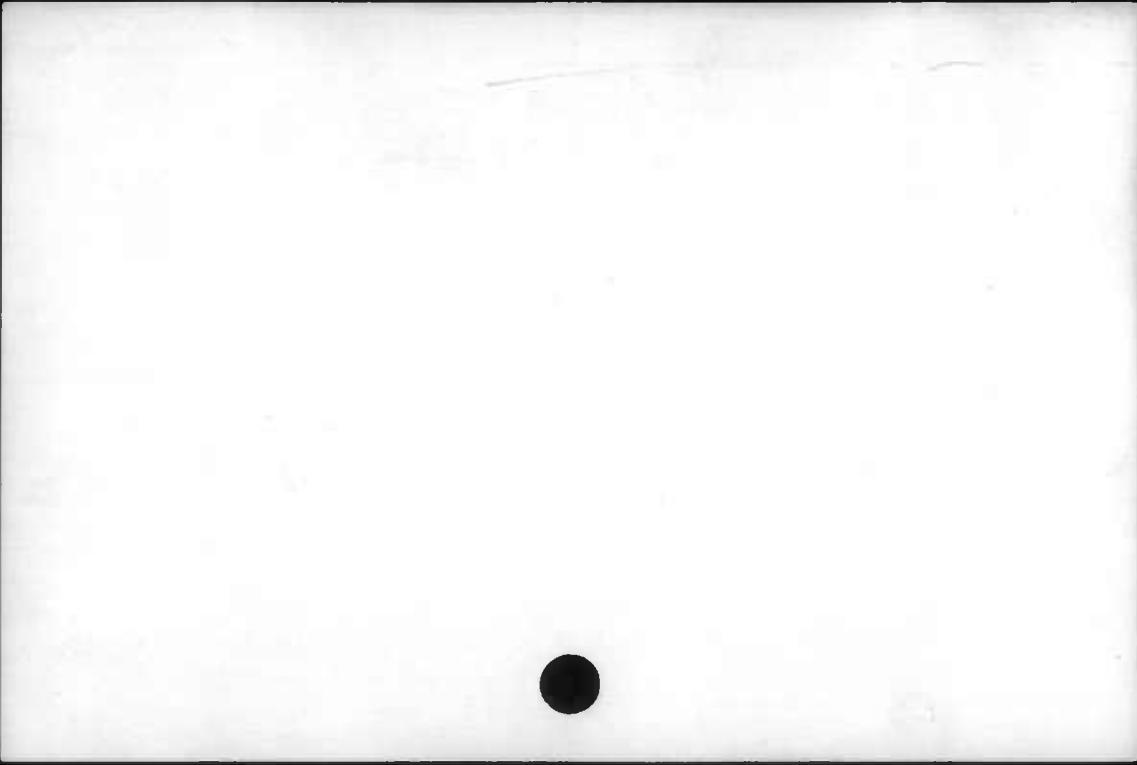
Died at <i>Baltimore</i> Town <i>Dorchester</i> County		MARYLAND	
Date of death 1909 <i>Sept</i> Month <i>13<sup>th</sup></i> Day	Age <i>2</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cambridge</i>	
Occupation _____	Where Residing if not at place of death _____		
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <i>Jeremiah Matthews</i>	Father's Birthplace <i>Dorchester Co.</i>		
Mother's Maiden Name <i>Charlotte Price</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Jeremiah Matthews</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary <i>Heart Failure</i>	How long <i>1 hour</i>
Immediate <i>convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. M. Hawley</i>
<i>No M.R. cases</i>	Address <i>Bank Office</i>
Accident or Suicide	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Edward J. mills

Town

County

MARYLAND

Died at Bishop Head district no 10

Torchester

Date

Month

Day

Years

Months

Days

of death

1909

September

23

Age

83

3

Sex

male

Color or  
Race

white

Birth-  
place

Bishop Head

Occupation

oysterman

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Margret mills

Father's  
Name

Wm Mills

Father's  
Birthplace

Bishop Head

Mother's  
Maiden Name

Leav willing

Mother's  
Birthplace

unknown

Name of person giving  
Information

James A. mills

How related  
to deceased

son

CAUSES OF DEATH

Primary

Trouble on the bowels

How long

3 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes or

yes as known

Signature of  
Physician

no Physician in attendance

Address

Wm H. Hittchett J. P.

Accident or Suicide

Subregistrar Bishop Head  
on d

PHYSICIAN  
OR CORNER



Name  
in  
Full

Rebecca Minter

CERTIFICATE OF DEATH

Died at Madison Town Worcester County MARYLAND

Date of death 190 9 Month Sept. Day 16 Age 72 Years Month — Days —

Sex Female Color or Race Colored Birth-place Worcester Co

Occupation Housework Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband William Minter

Father's Name James Kennedy Father's Birthplace Worcester Co

Mother's Maiden Name Mary Jones Mother's Birthplace Worcester Co

Name of person giving Information William Minter How related to deceased Husband

CAUSES OF DEATH

Primary Mitral Regurgitation How long Three Years

Immediate arterio Sclerosis

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W. Carroll  
Cambridge Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

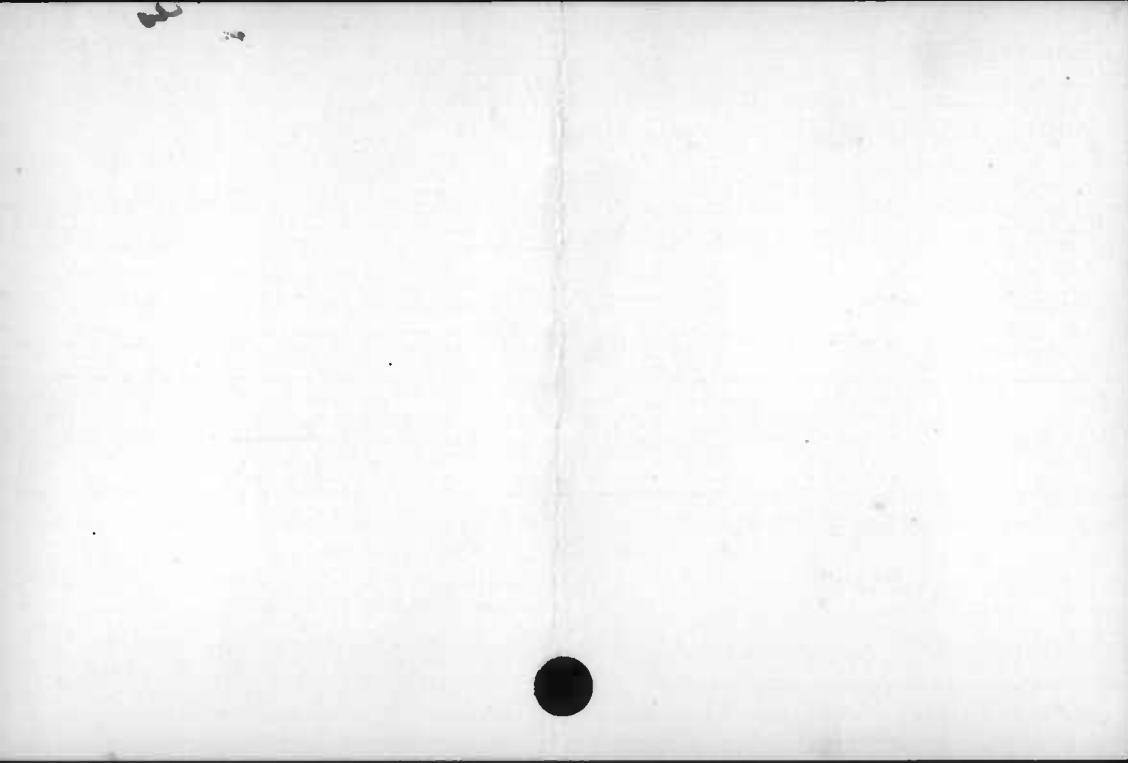
Died at		Town <i>Brown Head</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1909	Month <i>Sept</i>	Day <i>19</i>	Age	Years	Months <i>one</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Andrews</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John H Moore</i>				Father's Birthplace <i>Andrews</i>			
Mother's Maiden Name <i>May B Moore</i>				Mother's Birthplace <i>Andrews</i>			
Name of person giving information <i>John H Moore</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>don't know</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>yes</i>		<i>No physician in attendance</i>
		Address
		<i>Wm H H Pritchett J P</i>
Accident or Suicide?		<i>Submaster Bishop Head m d</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

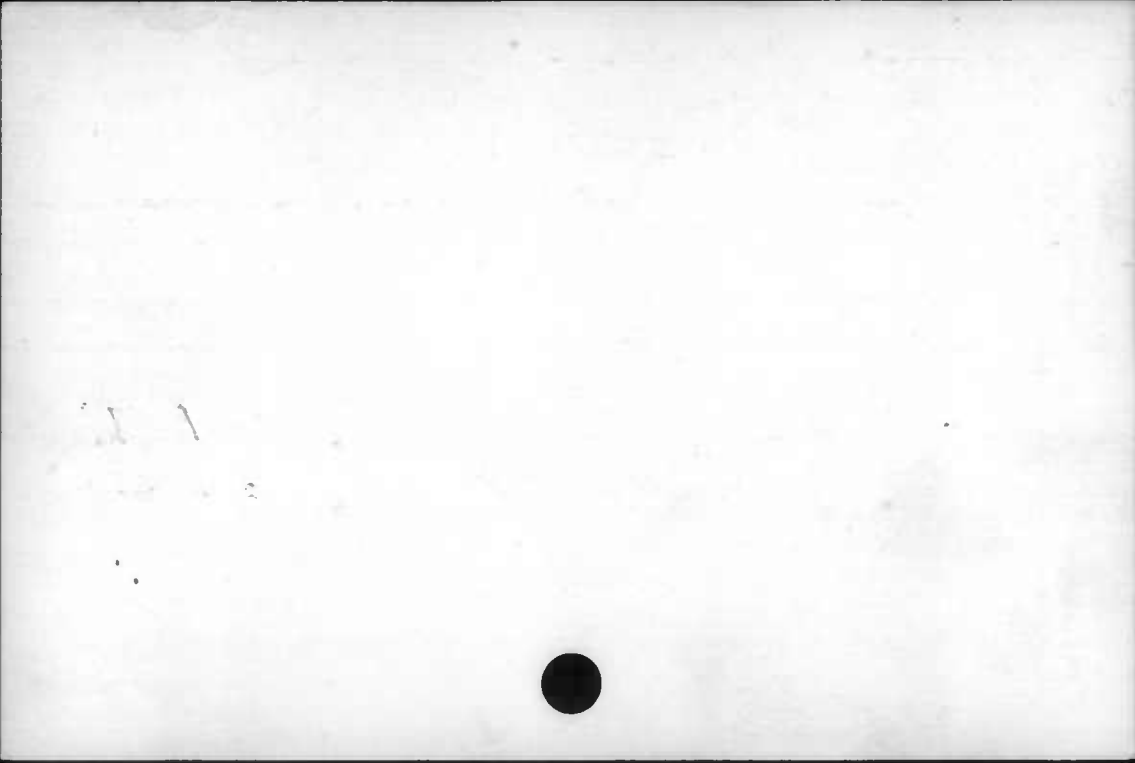
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Squathwa Moxey</i>		Town <i>East New Market</i>		County <i>Dor.</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>12</i>		Years <i>—</i>	
Date of death <i>1909</i>		Month <i>9</i>		Day <i>12</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>E. N. Market, Md</i>		Days <i>6</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Nathaniel Moxey</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Krall</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving Information <i>Nathaniel Moxey</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Indigestion (Intestinal)</i>	How long <i>6 days</i>
Immediate	<i>Gradual exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>Edward L. Jones</i>
Address <i>East New Market Md.</i>		
Accident or Suicide <i>—</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John A. Paul</i>		Town <i>Golden Hill</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Golden Hill</i>		Month <i>9</i>		Day <i>20</i>		Years <i>31</i>	
Date of death <i>1909</i>		Month <i>9</i>		Day <i>20</i>		Age <i>31</i>	
Sex <i>male</i>		Color or Race		Birth-place		Months <i>0</i>	
Occupation		Where Residing if not at place of death		Days <i>13</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		<i>113</i>		Father's Birthplace	
Father's Name <i>William Paul</i>		Mother's Birthplace					
Mother's Maiden Name <i>Mary Shenton</i>		Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sclerosis of Liver</i>		How long <i>2 yrs.</i>	
Immediate <i>Syphilis</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>P. L. Linthicum</i>	
		Address <i>Church Creek Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Walter Monroe Reshaw

CERTIFICATE OF DEATH

Died at

Bambridge

County

Dorchester

MARYLAND

Date

of death 1909 Sept

Month

Day

25 Age

Years

16

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Dorchester Co.

Occupation

School boy

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

M. J. Reshaw

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Julia Adams

Mother's  
Birthplace

Seals Island

Name of person giving  
Information

M. J. Reshaw

How related  
to deceased

Father

CAUSES OF DEATH

1

Primary

Lymphatic system

How long

2 or 3 weeks

Immediate

Peritonitis + Pneumonia

How long

Some days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. G. L. G. G. G.

Address

Bambridge Md

Accident or Suicide

L & H

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

Roosie Grant Robinson

Died at <sup>Town</sup> Todd Mill <sup>County</sup> Dorchester

MARYLAND

Date of death 1909 <sup>Month</sup> Sept <sup>Day</sup> 12 <sup>Years</sup> 46 <sup>Months</sup> 6 <sup>Days</sup> 12

Sex *male* Color or Race *white* Birth-place *Todd Mill*

Occupation *oysterman* Where Residing if not at place of death *Todd Mill*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Wm J Robinson*

Father's Birthplace *Todd Mill*

Mother's Maiden Name *Nancy Bramble*

Mother's Birthplace *Bishop Head*

Name of person giving Information *Elbridge Robinson*

How related to deceased *Brother*

CAUSES OF DEATH

Primary *Heart failure*

How long *10 minutes*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *no physician in attendance*

Address *Wm H Pritchett J.P  
Subregister Bishop Head md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in Full

Allen Travis Ricart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

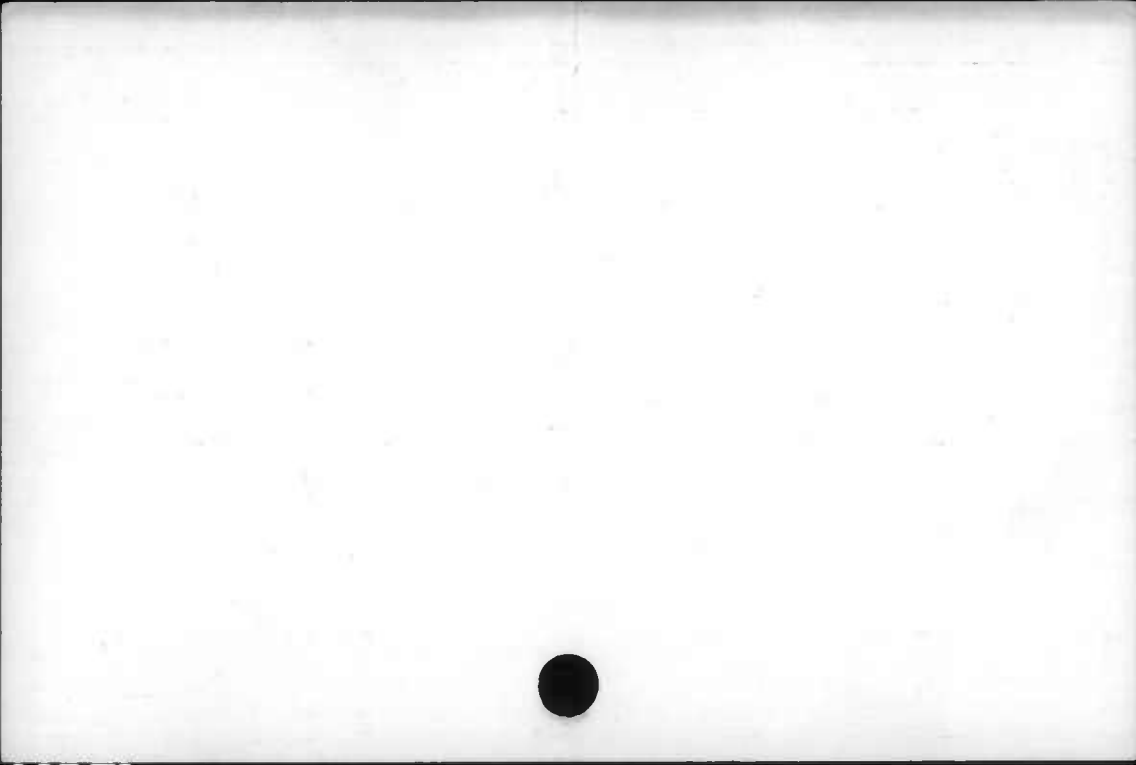
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	27	—	—	4	13
Sex		Color or Race		Birth-place			
Male		White		Bishop's Head			
Occupation				Where Residing if not at place of death			
Infant				Died at home			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Frederick Ricart				Bishop's Head Md			
Mother's Maiden Name				Mother's Birthplace			
Ella Brantley				Bishop's Head Md			
Name of person giving Information				How related to deceased			
Ella Brantley				Mother			

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary		How long	
Malnutrition		8 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. White M.D.	
as far as known		Address	
Accident or Suicide		Craps	
		Worcester Co Md	



Name  
in  
Full

Sarah. Bath. Seward

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wrights</i> <sup>Town</sup>		<i>Bar</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>8</i>		Age <i>79</i> <sup>Years</sup>		Months <i>7</i> Days <i>9</i>	
Sex <i>F</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Levin J. Seward</i>			
Father's Name <i>James</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Zenken</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>O. L. Seward</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>6 years</i>	<i>14</i> <sup>How long</sup>
Immediate <i>Exhaustion</i>	<i>9 years</i> <sup>How long</sup>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Stokes, M.D.</i>
	Address <i>Leominster, Mass.</i>
Accident or Suicide	<i>Ind</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Lulu Sharpe

Town

Cambridge

County

Dorchester

MARYLAND

Date

of death

1909 Sept

Month

Day

28

Age

Years

Months

8

Days

7

Sex

Female

Color or  
Race

colored

Birth-  
place

Dorchester Co

Occupation

---

Where Residing if not  
at place of death

---

Married, Single  
or Widowed

---

Name of Wife or  
Husband

---

Father's  
Name

Willoughby Sharp

Father's  
Birthplace

Caroline Co

Mother's  
Maiden Name

Susan Pinder

Mother's  
Birthplace

Dorchester Co

Name of person giving  
Information

Willoughby Sharp

How related  
to deceased

Father

## CAUSES OF DEATH

How long

3 weeks

Primary

Acute Enteritis

How long

several days

Immediate

Toxemia

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dexter P. Reynolds M.D.

Address

Cambridge, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

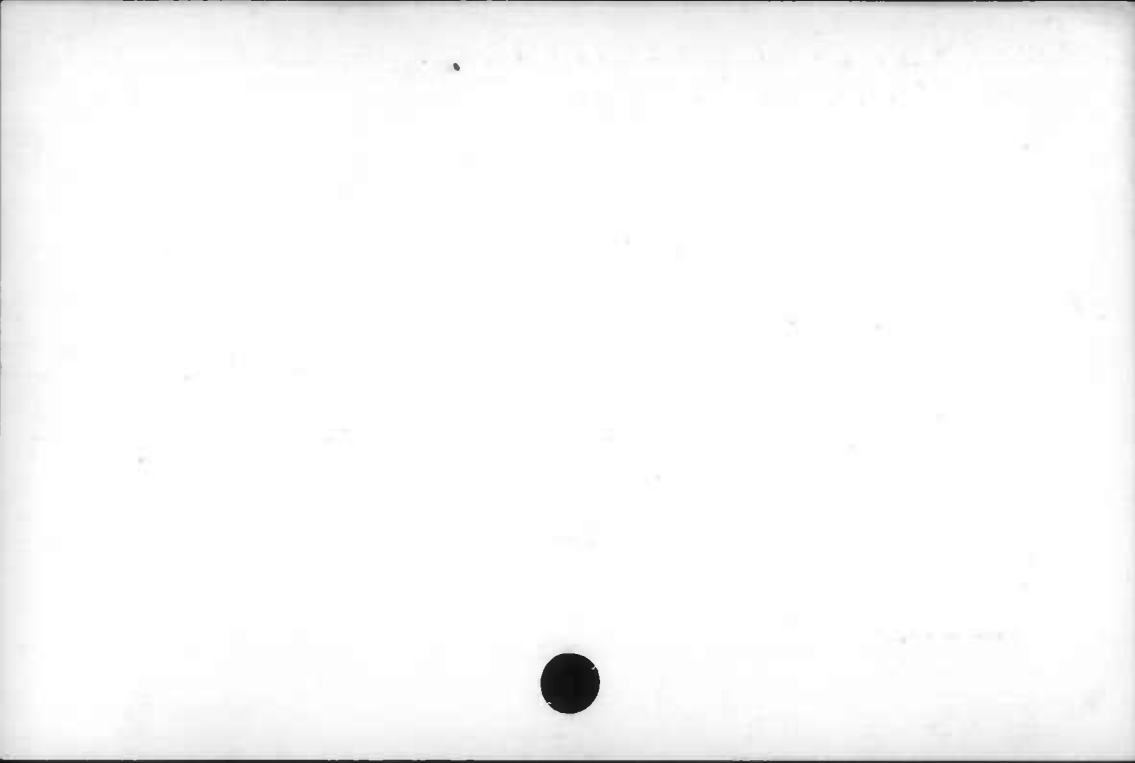
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		2	12	36			
Sex	Female	Color or Race	White		Birth-place	Lakewill	
Occupation	House wife		Where Residing if not at place of death		Cambridge		
Married, Single or Widowed	Married		Name of Wife or Husband		Ann Smith		
Father's Name	William Burton				Father's Birthplace	Not Known	
Mother's Maiden Name	Mary Burton				Mother's Birthplace	Lakewill	
Name of person giving Information	William H. Smith				How related to deceased	Husband	

CAUSES OF DEATH

Primary	Typhoid Fever & Acute Nephritis		How long	8 days
Immediate	Acute Heart Failure		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
L & H		Address		E. E. Webb
				Cambridge, Md.
Accident or Suicide				

PHYSICIAN  
OR CORONER



Name  
in  
Full

Blyde

Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Black Water Town Dorchester County MARYLAND

Date of death 1909 Month Sept Day 26 Age 3 Years Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation \_\_\_\_\_ Where Residing if not at place of death Black Water

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Garfield Smith Father's Birthplace Maryland

Mother's Maiden Name Nara Edgley Mother's Birthplace \_\_\_\_\_

Name of person giving Information Garfield Smith How related to deceased Father

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary Cholera Known \_\_\_\_\_ How long \_\_\_\_\_

Immediate Suppressed Dysentery \_\_\_\_\_ How long only days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John W. ...

Address Courthouse

Accident or Suicide \_\_\_\_\_



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Maggie Stiles

Town

Cambridge

County

Dorchester

MARYLAND

Date  
of death

1909

Month

Sept.

Day

28th

Age

Years

23

Months

8

Days

19

Sex

Female

Color or  
Race

Colored

Birth-  
place

Cambridge

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Leon Stiles

Father's  
Name

Peter Burroughs

Father's  
Birthplace

Dorchester

Mother's  
Maiden Name

Annie E. Jackson

Mother's  
Birthplace

Talbot Co.

Name of person giving  
Information

Leon Stiles

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Chronic Nephritis

How long

5 or 6 mos.

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

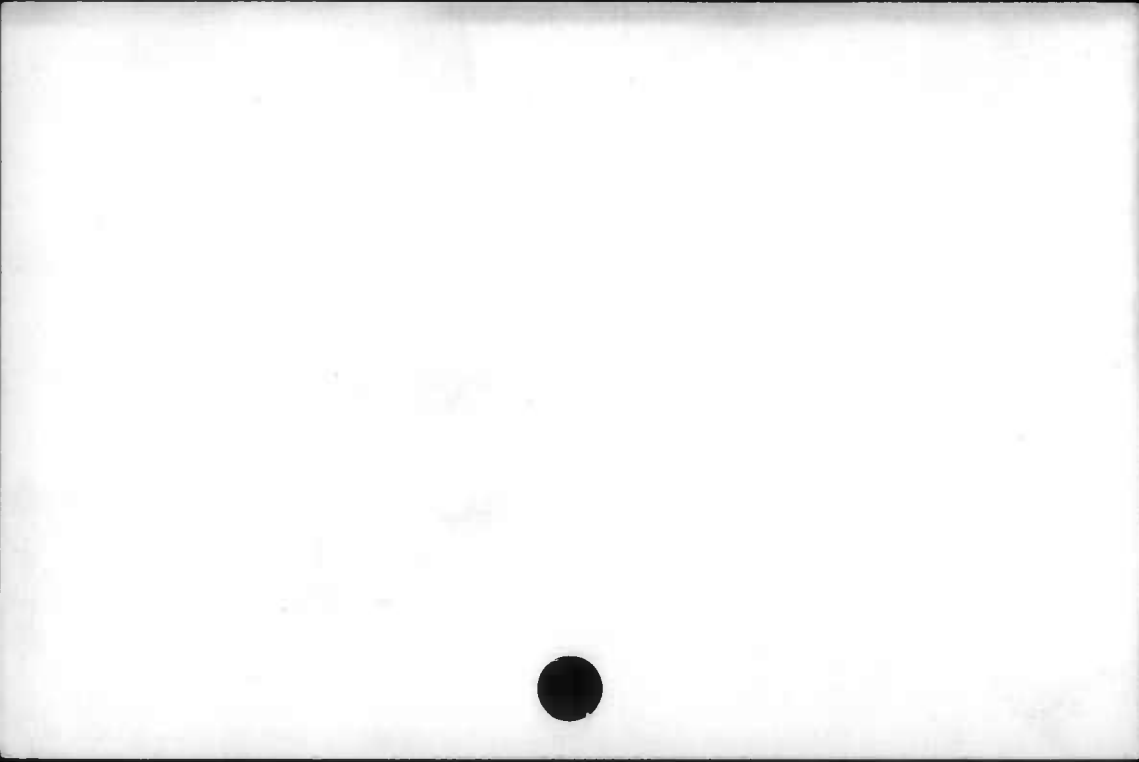
E. E. Wolff

Address

Cambridge, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Hannah Emma Thayer  
 Died at <sup>Town</sup> Springdale <sup>County</sup> Worcester  
 Date of death 1909 <sup>Month</sup> Sep <sup>Day</sup> 8 <sup>Age</sup> 51 <sup>Years</sup> <sup>Months</sup> 2 <sup>Days</sup> 17

MARYLAND

Sex Female Color or Race Wh Birth-place Ohio

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Cleveland Thayer

Father's Name James Gulick Father's Birthplace Ohio

Mother's Maiden Name Caroline H. Gulick Mother's Birthplace Ohio

Name of person giving Information W. Gulick How related to deceased Brother

## CAUSES OF DEATH

Primary Typhoid fever How long 7 weeks

Immediate Gradual heart failure

Are the name, age, sex, color, date and place correctly given above? Yes

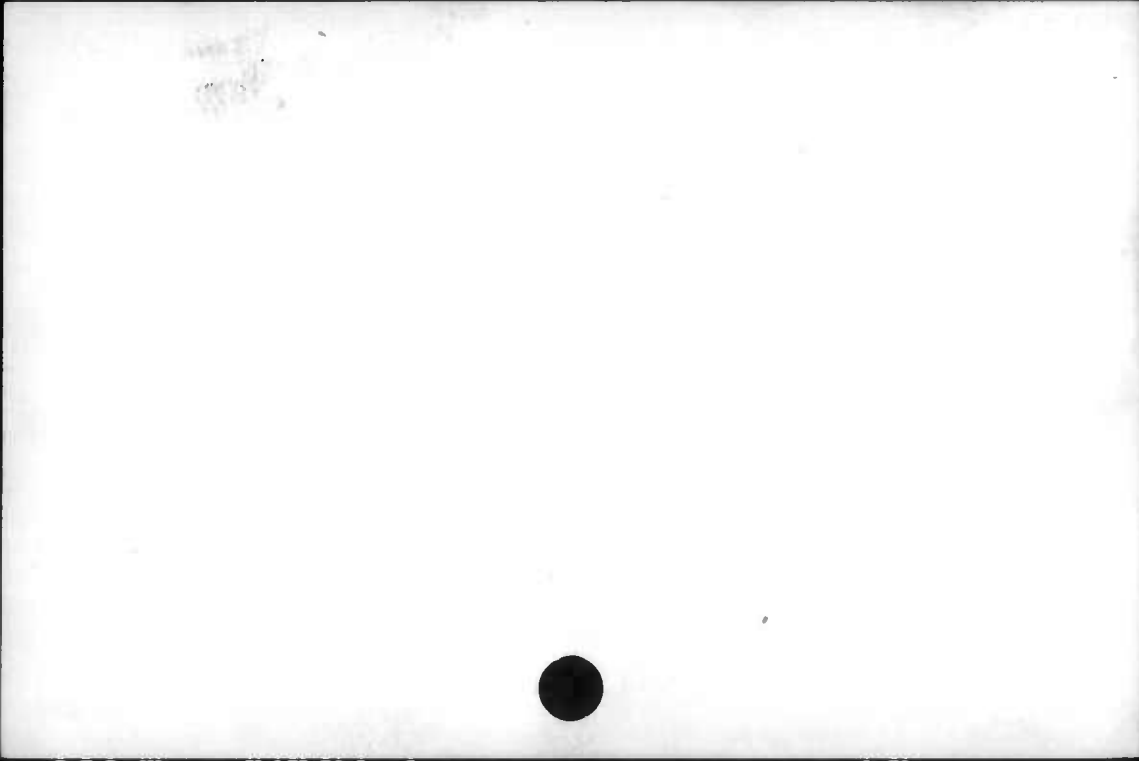
Signature of Physician

Address

Guy Stull  
Cambridge Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Georgia M Thomas

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Elliott

Date

of death 1909

Month

Sept-

Day

11

Age

Years

9

Months

Days

Sex

Female

Color or  
Race

White American

Birth-  
place

Elliott Md

Occupation

Schoolgirl

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Frank Thomas

Father's  
Birthplace

Elliott Md

Mother's  
Maiden Name

Miss. Gray.

Mother's  
Birthplace

Elliott Md

Name of person giving  
Information

Mrs. Guy Gray

How related  
to deceased

Aunt

CAUSES OF DEATH

Primary

Lobar pneumonia

How long

1 week

Immediate

Heart failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

R. L. Britten, M.D.  
Elliott Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Noble Wheatley* County *Dorchester*

Town *Crapo*

Died at *Crapo* Month *Sept* Day *6* Age *87* Years *5* Months *4* Days

Date of death *1909*

Sex *Male* Color or Race *White* Birth-place *Crapo, Md*

Occupation *Sailor (Bay)* Where Residing if not at place of death *Died at home*

Married, Single or Widowed *Widower* Name of Wife or ~~husband~~ *Achsa Abbott (maiden name)*

Father's Name *David Wheatley* Father's Birthplace *Crapo*

Mother's Maiden Name *Elizabeth Wooten* Mother's Birthplace *"*

Name of person giving Information *David Wheatley* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senility* How long *6 months*

Immediate *Heart failure* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes, so far as I know*

Signature of Physician *D. E. J. M. White* Address *Crapo, Md.*

Accident or Suicide



# CERTIFICATE OF DEATH

Died at <u>Bucktown</u>		<u>Dorchester Co</u>		MARYLAND	
Date of death <u>1909</u>		<u>Sept</u>	<u>2</u>	Age	<u>6</u>
Sex <u>Female</u>		Color or Race <u>Color</u>		Birth-place <u>Bucktown</u>	
Occupation <u>Baby</u>			Where Residing if not at place of death <u>Bucktown</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or <del>Husband</del>			
Father's Name <u>I. H. Wilson</u>			Father's Birthplace <u>Fork Creek</u>		
Mother's Maiden Name <u>Jennie Crawford</u>			Mother's Birthplace <u>Sumner</u>		
Name of person giving Information <u>I H Wilson</u>			How related to deceased <u>Father</u>		

### CAUSES OF DEATH

105-

Primary *E. coli*

Immediate *Examination*

How long  
2 mo

How long  
only 1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Chas M. Havel, M.D.  
Address Haverhill office.

### Accident or Suicide

